

**EXCESS EMISSION FORM (20.2.7 NMAC)**

TO BE USED FOR EMERGENCIES, FAILURES, DEVIATIONS AND MALFUNCTIONS

**Note: This form with original signature must be submitted to the address above within 10 days of the 1<sup>st</sup> business day following the start of the deviation / emergency.**

TRACKING NUMBER: \_\_\_\_\_

DATE OF SUBMISSION:	TIME OF SUBMISSION:	COMPANY NAME:
NAME OF INDIVIDUAL REPORTING	TITLE:	PHONE:
FACILITY:	COUNTY:	PERMIT NUMBER(S):
FAILURE DATE:	CORRECTED DATE:	CORRECTED TIME:
DESCRIPTION OF EQUIPMENT:		
NATURE AND CAUSE		
CORRECTIVE MEASURES:		
DURATION OF EXCESS EMISSIONS (HOURS)	NOx:	SO2: PM: SULFUR: OTHER:
ESTIMATED EMISSIONS (LBS)	NOx:	SO2: PM: SULFUR: OTHER:
After reasonable inquiry, I certify this report as true, accurate and complete. <b>SIGNATURE OF PERSON RESPONSIBLE FOR TITLE V:</b>	<b>TITLE:</b>	<b><u>BASIS OF ESTIMATE</u></b> <input type="checkbox"/> COMPLIANCE TESTING <input type="checkbox"/> CONTINUOUS EMISSION MONITOR <input type="checkbox"/> CALCULATION <input type="checkbox"/> OPERATING LOGS
<b>SIGNATURE OF REPORTING PERSON:</b>	<b>TITLE:</b>	